

ELECTRICAL PERMIT

Municipality \_\_\_\_\_ County \_\_\_\_\_ Lot# \_\_\_\_\_ Block \_\_\_\_\_ Tax Parcel \_\_\_\_\_

Construction Site Location \_\_\_\_\_ Date Received \_\_\_\_\_

Owner \_\_\_\_\_ Tenant \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Phone# \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone# \_\_\_\_\_

Front Yard \_\_\_\_\_ Ft. (Front of building to property line) Describe proposed work in detail \_\_\_\_\_

Rear Yard \_\_\_\_\_ Ft. (Rear of building to property line) \_\_\_\_\_

Side Yard \_\_\_\_\_ Ft. Side Yard \_\_\_\_\_ FT. \_\_\_\_\_

State Classification: New Commercial \_\_\_\_\_ Other Commercial \_\_\_\_\_ New Residential \_\_\_\_\_ Other Residential \_\_\_\_\_

BUILDING PERMIT

Contractor \_\_\_\_\_ (if owner, put same name above)

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_

Fed Employee No. \_\_\_\_\_ (Certificate of Insurance for Workers Compensation needed or signed exemption form)

Estimate of total costs for all work \_\_\_\_\_

Total square feet: \_\_\_\_\_ Use Group \_\_\_\_\_ Type Construction \_\_\_\_\_

No. of Stories: \_\_\_\_\_ Height of Structure \_\_\_\_\_

Description of work: \_\_\_\_\_

Type of work:

Alterations/Additions of: \_\_\_\_\_ Square Ft. \_\_\_\_\_

( ) Roofing - Total square feet \_\_\_\_\_

( ) Fencing, supply height if it exceeds 6 foot \_\_\_\_\_

( ) Sign - Total Square feet \_\_\_\_\_

( ) Pool - Total Square feet \_\_\_\_\_

( ) Decks - Total Square feet \_\_\_\_\_

( ) Demolition - Total Square feet \_\_\_\_\_

( ) Accessibility \_\_\_\_\_

Other: \_\_\_\_\_

I hereby acknowledge that I have read this application and state the above is correct to comply with all Municipal ordinances and state laws regarding construction.

Signature: \_\_\_\_\_

Owner ( ) Contractor ( ) Owner Representative ( )

BUILDING CODE OFFICIAL USE ONLY

Plans Approved \_\_\_\_\_ Plans Approved with Comments \_\_\_\_\_

UCC Building Fee: \_\_\_\_\_

Plan Review Fee: \_\_\_\_\_

Admin. Fee: \_\_\_\_\_

State Fee: \_\_\_\_\_

Total Cost: \_\_\_\_\_

Code Official: \_\_\_\_\_ State Cert.# \_\_\_\_\_

Date Issued: \_\_\_\_\_

ELECTRICAL PERMIT

Contractor \_\_\_\_\_ (if owner, put same name above)

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_

Fed Employee No. \_\_\_\_\_ (Certificate of Insurance for Workers Compensation needed or signed exemption form)

Estimate of total costs for all work \_\_\_\_\_

Technical Site

Data No. \_\_\_\_\_ Size \_\_\_\_\_ Items \_\_\_\_\_

Lighting Fixtures

Receptacles

Switches

Detectors

HP \_\_\_\_\_ Motor-Fractional

Communication Devices

Alarm Devices/Systems

Emergency & Exit Lights

Pool Bonding

Service

Sub-Panels

Feeders

Baseboard Heater

Dryer Receptacle

Range \_\_\_\_\_ Dishwasher \_\_\_\_\_ Garbage Disposal \_\_\_\_\_

Heater \_\_\_\_\_ Central A/C Units \_\_\_\_\_

Signs

Survey Fee

Others: \_\_\_\_\_

Signature: \_\_\_\_\_

Owner ( ) Contractor ( ) Owner Representative ( )

ELECTRICAL CODE OFFICIAL USE ONLY

Plans Approved \_\_\_\_\_ Plans Approved with Comments \_\_\_\_\_

UCC Electrical Fee: \_\_\_\_\_

Plan Review Fee: \_\_\_\_\_

Admin. Fee: \_\_\_\_\_

State Fee: \_\_\_\_\_

Total Cost: \_\_\_\_\_

Code Official: \_\_\_\_\_ State Cert.# \_\_\_\_\_

Date Issued: \_\_\_\_\_